

# Part-Time Local 587 New Hire Guide



**King County**

Benefits and Retirement  
Operations

## Welcome to King County!

As a new part-time Local 587 employee, you have the option of purchasing benefits for you and your family. This guide describes those benefits, explains your election options and includes the forms you need (beginning on page 29) to enroll you and your family.

Please review the information in this guide and if you need more details, contact the resources listed in the Resource Directory section or refer to “Your King County Benefits,” the collection of plan booklets available at New Employee Orientation or [www.kingcounty.gov/employees/benefits](http://www.kingcounty.gov/employees/benefits), or from Benefits and Retirement Operations.

Return your enrollment forms ***within 30 days of your hire date*** (the first day you report to work) or qualification date, whichever is later, to:

**King County Benefits and Retirement Operations  
The Chinook Building CNK-ES-0300  
401 Fifth Avenue  
Seattle WA 98104-2333**

If you don't return your forms ***within 30 days of your hire date*** or qualification date, whichever is later, you won't be eligible to enroll again until the next open enrollment, or if you're not enrolling now because you have coverage through another employer or family member, until you lose the other coverage.

This guide isn't a complete description of each benefit plan. If you have questions about specific plan details, please refer to “Your King County Benefits” or contact the resources listed in the Resource Directory. We've made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between the benefit descriptions and the insurance contracts or other legal documents, the legal documents will always govern. King County intends to continue benefit plans indefinitely, but reserves the right to amend or terminate them at any time in whole or in part, for any reason, according to the amendment and termination procedures described in the legal documents. King County, as plan administrator, has the sole discretionary authority to determine eligibility for benefits and to construe the terms of the plans. This information doesn't create a contract of employment between King County and any employee.

**Call 206-684-1556 for alternate formats.**

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## **An Overview of Part-Time Local 587 Benefit Plans**

The following information is provided to help you understand the basics of the two plans that are available to part-time transit operators. You are provided enrollment materials for each plan as you become eligible. Contact your base chief if you have questions regarding your eligibility.

### **► Partial Benefits Plan**

You become eligible for the Partial Benefits Plan on the first of the month following your hire date or qualification date, whichever is later. Your hire date is determined by your department. If the later of your hire date or qualification date is the first of the month, you become eligible that same day.

Under the Partial Benefits Plan, you may elect medical, dental and vision coverage for you and the eligible dependents (spouse/domestic partner and children) you enroll. Your own medical coverage is partially subsidized by the county, but dependent coverage isn't. To cover dependents, you must elect medical coverage for yourself.

You must elect medical coverage to receive dental coverage. You may elect vision coverage without electing medical coverage. If you elect medical coverage, you receive fully paid basic life, basic accidental death and dismemberment (AD&D) and basic long-term disability (LTD) insurance, and you may elect supplemental life and supplemental AD&D for you and your eligible dependents and supplemental LTD for you.

### **► Full Benefits Plan**

You become eligible for the Full Benefits Plan when:

- You select a work assignment of 4 or more hours during any pick through 2009. (Your fully paid benefits begin on the first day of the month after you work the 4 or more hour assignment and extend through December 31, 2009.)
- You receive 1,019 or more paid hours in the 26 pay periods ending with the pay period that includes July 31 in 2009. (Your fully paid benefits begin on January 1 of the year after you qualify and extend through December 31, 2009.)

Under the Full Benefits Plan, you receive county-paid medical, dental and vision coverage for you and the eligible dependents you enroll, plus basic life, basic AD&D and basic LTD insurance for you. You may elect supplemental AD&D insurance for you and your eligible dependents, and you may continue supplemental life and supplemental LTD insurance you already have under the Partial Benefits Plan. If you did not elect supplemental life and supplemental LTD insurance under the Partial Benefits Plan, you must wait until:

- a qualifying life event to add supplemental life insurance
- you qualify as a full-time transit operator to add supplemental LTD insurance.

If you and your spouse/domestic partner are both county employees, you may not cover each other as a dependent under your medical, dental and vision coverage or under your supplemental life and supplemental AD&D insurance.

Eligibility for the Full Benefits Plan is determined by an agreement between King County Metro Transit and Amalgamated Transit Union Local 587 based on working sufficient hours. If you have any questions regarding eligibility for the Full Benefits Plan, you need to discuss them with your base chief.

## Seven Key Points

- 1.** Under the Partial Benefits Plan, you may elect medical, dental and vision for you and your eligible dependents. If you elect medical, you receive county-paid basic life, basic accidental death and dismemberment (AD&D) and basic long-term disability (LTD) insurance, and you may purchase dental for you and your dependents, supplemental life and AD&D for you and your dependents and supplemental LTD for you. King County pays a portion of your monthly medical, dental and vision plan premiums, but you pay the full cost of dependent coverage.
- 2.** If you don't return your enrollment forms to Benefits and Retirement Operations **within 30 days of your hire date** (the first day you report to work) or qualification date, whichever is later, you won't be eligible to enroll for the Partial Benefits Plan again until the next open enrollment, or if you're not enrolling now because you have coverage through another employer or family member, until you lose the other coverage.
- 3.** If you enroll under the Partial Benefits Plan, your benefit coverage begins the first calendar day of the month following your hire date or qualification date, whichever is later. However, if later of your hire date or qualification date is the first calendar day of the month, your coverage begins the same day.
- 4.** It takes several weeks to process your enrollment and issue your medical card (no cards are issued for dental or vision). If you don't receive your medical card within 30 days, contact your medical plan. If you have difficulty getting services, contact Benefits and Retirement Operations.
- 5.** Open enrollment every November lets you change coverage effective the following January. You may:
  - Elect coverage you've previously declined or discontinued (except for supplemental life and supplemental LTD insurance)
  - Change medical plans
  - Add eligible dependents not previously covered
  - Change how your monthly premiums are deducted from your paycheck (before-tax or after-tax; see page 22).
- 6.** You may make certain changes to your benefit coverage between open enrollments. Generally, you must notify Benefits and Retirement Operations within 30 days of the event prompting the change. Change forms are available at [www.kingcounty.gov/employees/benefits](http://www.kingcounty.gov/employees/benefits) and provide more details. Between open enrollments you may:
  - Discontinue coverage if you pay premiums after-tax
  - Discontinue coverage for dependents anytime if you pay premiums after-tax
  - Discontinue coverage for dependents after a qualifying event occurs if you pay premiums before-tax or after-tax
  - Add eligible family members for coverage if you have a qualifying life event, such as:
    - Birth or placement for adoption of a child
    - Placement of a legal ward
    - A Qualified Medical Child Support Order
    - Marriage or establishment of a domestic partnership
    - A significant change in your spouse/domestic partner's employer-sponsored coverage
  - Elect coverage if you lose other coverage and contact Benefits and Retirement Operations within 30 days of the loss of coverage
  - Request continuation of coverage for a child past age 25 if the child is currently enrolled under your plans, incapacitated due to developmental or physical disability and chiefly dependent on you for support.
- 7.** Questions? Please contact the resources listed in the Resource Directory section of this guide or refer to "Your King County Benefits," the collection of plan booklets available at New Employee Orientation or [www.kingcounty.gov/employees/benefits](http://www.kingcounty.gov/employees/benefits), or from Benefits and Retirement Operations.

## Benefits to Consider

If you decide to enroll, you must submit your Partial Benefits Plan enrollment forms to Benefits and Retirement Operations ***within 30 days of your hire date*** (the first day you report to work) or qualification date, whichever is later,.

### ► Do you want medical coverage?

You may choose from two medical plan options. The option you select is also the option your eligible dependents receive if you cover them.

If you and your spouse/domestic partner are both county employees, you may not cover each other as a dependent under your medical, dental and vision coverage or under your supplemental life and supplemental accidental death and dismemberment (AD&D) insurance. If you are part of a “dual-employee” couple, you have two options:

- Both of you may discontinue medical, dental and vision coverage for each other as dependents while keeping your own coverage, and each of you may cover your children for medical, dental and vision benefits.
- One of you may keep your medical coverage and cover the other, who in turn opts out of medical and receives \$65/month. Each of you keeps your own dental and vision coverage without covering the other. If you’re the one who did not opt out of medical, you may cover your children for medical, dental and vision. Your spouse/domestic partner who opted out of medical may cover your children for dental and vision.

The following tables summarize the features and covered expenses of the two plan options for 2008: KingCare<sup>SM</sup> and Group Health. Each plan has three out-of-pocket expense levels – gold (lowest out-of-pocket expense level), silver (moderate out-of-pocket expense level) and bronze (highest out-of-pocket expense level). The level you are assigned when you enroll is determined by your participation in the Healthy Incentives<sup>SM</sup> program.

Please note that two separate companies process claims for the KingCare<sup>SM</sup> plans. If you choose the KingCare<sup>SM</sup> plan, you receive a medical card from Aetna to use for all medical claims (physician visits, hospital, lab work, etc.) and a prescription card from Express Scripts to use for all outpatient, retail pharmacy and mail-order prescription drug claims.

Plan Feature	KingCare <sup>SM</sup> Gold	KingCare <sup>SM</sup> Silver	KingCare <sup>SM</sup> Bronze
<b><i>Provider choice</i></b>	<p>You may choose any qualified provider, but you receive higher coverage when you use network providers.</p> <p>Reimbursement for out-of-network medical services is based on reasonable and customary (R&amp;C) rates, and reimbursement for out-of-network prescription drug services is based on the rates Express Scripts pays its network pharmacies. You pay amounts in excess of these rates.</p>		
<b><i>Annual deductible</i></b>	<p>\$100/person; \$300/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p><b>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</b></p>	<p>\$300/person; \$900/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p><b>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</b></p>	<p>\$500/person; \$1,500/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p><b>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</b></p>
<b><i>Copays</i></b>	Applicable only to emergency room care and prescription drugs		
<b><i>After the deductible/copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum</i></b>	<p>Network: 90% (You pay 10% coinsurance)</p> <p>Out-of-network: 70% (You pay 30% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>	<p>Network: 80% (You pay 20% coinsurance)</p> <p>Out-of-network: 60% (You pay 40% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>	<p>Network: 80% (You pay 20% coinsurance)</p> <p>Out-of-network: 60% (You pay 40% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>
<b><i>Annual out-of-pocket maximum</i></b>	<p>Network: \$800/person or \$1,600/family, plus deductible</p> <p>Out-of-network: \$1,600/person or \$3,200/family, plus deductible</p> <p>Doesn't apply to prescriptions</p>	<p>Network: \$1,000/ person or \$2,000/ family, plus deductible</p> <p>Out-of-network: \$1,800/ person or \$3,600/ family, plus deductible</p> <p>Doesn't apply to prescriptions</p>	<p>Network: \$1,200/ person or \$2,400/ family, plus deductible</p> <p>Out-of-network: \$2,000/person or \$4,000/family, plus deductible</p>
<b><i>After you reach the out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level</i></b>	<p>Network: 100%</p> <p>Out-of-network: 100% of R&amp;C charges</p>		
<b><i>Lifetime maximum</i></b>	\$2,000,000	\$2,000,000	\$2,000,000

<b><i>Alternative care (including medically necessary acupuncture, hypnotherapy and massage therapy)</i></b>	<p>Network: 90%</p> <p>Out-of-network: 70%</p> <p>Massage therapy must be prescribed by a physician.</p> <p>A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)</p>	<p>Network: 80%</p> <p>Out-of-network: 60%</p> <p>Massage therapy must be prescribed by a physician.</p> <p>A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)</p>	<p>Network: 80%</p> <p>Out-of-network: 60%</p> <p>Massage therapy must be prescribed by a physician.</p> <p>A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)</p>
<b><i>Ambulance services</i></b>	<p>Network: 90%</p> <p>Out-of-network: 90%</p>	<p>Network: 80%</p> <p>Out-of-network: 80%</p>	<p>Network: 80%</p> <p>Out-of-network: 80%</p>

<b><i>Chemical dependency treatment (requires preauthorization)</i></b>	Network: 100% Out-of-network: 70% Up to \$15,000 in 24 consecutive months for combined network and out-of-network services (maximum subject to annual adjustment)	Network: 80% Out-of-network: 60% Up to \$15,000 in 24 consecutive months for combined network and out-of-network services (maximum subject to annual adjustment)	Network: 80% Out-of-network: 60% Up to \$15,000 in 24 consecutive months for combined network and out-of-network services (maximum subject to annual adjustment)
<b><i>Chiropractic care and manipulative therapy (like all services, must be medically necessary)</i></b>	Network: 90% Out-of-network: 70% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 80% Out-of-network: 60% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 80% Out-of-network: 60% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders
<b><i>Diabetes care training</i></b>	Network: 90% when prescribed by your physician Out-of-network: 70% when prescribed by your physician	Network: 80% when prescribed by your physician Out-of-network: 60% when prescribed by your physician	Network: 80% when prescribed by your physician Out-of-network: 60% when prescribed by your physician
<b><i>Diabetes supplies (insulin, needles, syringes, lancets, etc.)</i></b>	Covered under prescription drugs		
<b><i>Durable medical equipment, prosthetics and orthopedic appliances</i></b>	Network: 90% Out-of-network: 70% Preauthorization required for expense of \$1,000 or more	Network: 80% Out-of-network: 60% Preauthorization required for expense of \$1,000 or more	Network: 80% Out-of-network: 60% Preauthorization required for expense of \$1,000 or more
<b><i>Emergency room care (Also see "Urgent Care")</i></b>	Emergency care, network: 90% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 90% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 70% after \$100 copay/visit Non-emergency care, out-of-network: 70% after \$100 copay/visit	Emergency care, network: 80% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 80% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 60% after \$100 copay/visit Non-emergency care, out-of-network: 60% after \$100 copay/visit	Emergency care, network: 80% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 80% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 60% after \$100 copay/visit Non-emergency care, out-of-network: 60% after \$100 copay/visit
<b><i>Family planning</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Growth hormones</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized May also be covered under the prescription drug benefit	Network: 80% when preauthorized Out-of-network: 60% when preauthorized May also be covered under the prescription drug benefit	Network: 80% when preauthorized Out-of-network: 60% when preauthorized May also be covered under the prescription drug benefit
<b><i>Hearing aids</i></b>	100%, up to \$500 in 36 months for combined network and out-of-network services Deductible doesn't apply		
<b><i>Home health care</i></b>	100% when preauthorized, up to 130 visits/year for combined network and out-of-network services		

<b><i>Hospice care</i></b>	100% when preauthorized 12-month lifetime maximum 120-hour maximum for respite care in any 3-month period 12-month maximum for bereavement services		
<b><i>Hospital care</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<b><i>Infertility</i></b>	Network: 90% Out-of-network: 70% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 80% Out-of-network: 60% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 80% Out-of-network: 60% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services
<b><i>Injury to teeth</i></b>	Network: 90% Out-of-network: 70% Up to \$600/accident for combined network and out-of-network services	Network: 80% Out-of-network: 60% Up to \$600/accident for combined network and out-of-network services	Network: 80% Out-of-network: 60% Up to \$600/accident for combined network and out-of-network services
<b><i>Inpatient care alternatives</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<b><i>Jaw abnormalities, or malocclusions (covered when medically necessary)</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<b><i>Lab, X-ray and other diagnostic testing</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Maternity care</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Mental health care (when deemed appropriate, 2 unused outpatient visits may be traded for 1 inpatient day, or vice versa; requires preauthorization)</i></b>	Network: 90% Out-of-network: 70% <i>For inpatient care:</i> Up to 30 days/year for combined network and out-of-network services <i>For outpatient care:</i> Up to 52 visits/year for combined network and out-of-network services	Network: 80% Out-of-network: 60% <i>For inpatient care:</i> Up to 30 days/year for combined network and out-of-network services <i>For outpatient care:</i> Up to 52 visits/year for combined network and out-of-network services	Network: 80% Out-of-network: 60% <i>For inpatient care:</i> Up to 30 days/year for combined network and out-of-network services <i>For outpatient care:</i> Up to 52 visits/year for combined network and out-of-network services
<b><i>Naturopathy</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Neurodevelopmental therapy for covered dependents age 6 and under</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Up to \$2,000/year for combined network and out-of-network services



<b><i>Obesity surgery or other procedures, treatment or services, such as gastric intestinal bypass surgery</i></b>	Network: 90% when preauthorized and medically necessary Out-of-network: 70% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization	Network: 80% when preauthorized and medically necessary Out-of-network: 60% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization	Network: 80% when preauthorized and medically necessary Out-of-network: 60% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization
<b><i>Out-of-area coverage—for example, while traveling or for your covered children away at school</i></b>	Same coverage as when home, through Aetna and Express Scripts national provider networks		
<b><i>Phenylketonuria (PKU) formula</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Physician and other medical/surgical services</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Prescription drugs—Up to a 30-day supply through network pharmacies</i></b>	Generic: 100% after \$10 copay Preferred brand: 100% after \$15 copay (\$20 if generic is available; but if you're unable to take it for medical reasons, the \$15 copay applies) Non-preferred brand: 100% after \$25 copay (\$30 if generic is available; but if you're unable to take it for medical reasons, the \$25 copay applies) Prescriptions filled at out-of-network pharmacies are reimbursed at the rate Express Scripts pays to network pharmacies, less your copay.		
<b><i>Prescription drugs—Up to a 90-day supply through mail-order network only</i></b>	Generic: 100% after \$20 copay Preferred brand: 100% after \$30 copay (\$40 if generic is available; but if you're unable to take it for medical reasons, the \$30 copay applies) Non-preferred brand: 100% after \$50 copay (\$60 if generic is available; but if you're unable to take it for medical reasons, the \$50 copay applies)		
<b><i>Preventive care (well-child check-ups, immunizations, routine health and hearing exams, etc.)</i></b>	Network: 100% Out-of-network: 70% Deductible doesn't apply	Network: 100% Out-of-network: 60% Deductible doesn't apply	Network: 100% Out-of-network: 60% Deductible doesn't apply
<b><i>Radiation therapy, chemotherapy and respiratory therapy</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<b><i>Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%

<b><i>Rehabilitative services— Inpatient and outpatient</i></b>	Network: 90% Out-of-network: 70% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)	Network: 80% Out-of-network: 60% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)	Network: 80% Out-of-network: 60% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)
<b><i>Skilled nursing facility</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<b><i>Smoking cessation</i></b>	Network: 100% Out-of-network: 70% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.	Network: 100% Out-of-network: 60% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.	Network: 100% Out-of-network: 60% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.
<b><i>Temporomandibular joint (TMJ) disorders</i></b>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services
<b><i>Transplants (certain services only)</i></b>	Network: 100% when preauthorized Out-of-network: 70% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare <sup>SM</sup> before a transplant will be covered.	Network: 100% when preauthorized Out-of-network: 60% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare <sup>SM</sup> before a transplant will be covered.	Network: 100% when preauthorized Out-of-network: 60% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare <sup>SM</sup> before a transplant will be covered.
<b><i>Urgent care (ear infections, high fevers, minor burns, etc.)</i></b>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%

## Group Health

Plan Feature	Group Health Gold	Group Health Silver	Group Health Bronze
<b><i>Provider choice</i></b>	You choose a Group Health primary care physician (PCP), who provides and coordinates most of your care through the Group Health network; you may also self-refer to Group Health staff specialists. There's no coverage for out-of-network care unless indicated and approved/referred.		
<b><i>Annual deductible</i></b>	None		
<b><i>Copay, unless otherwise indicated</i></b>	You pay \$20	You pay \$35	You pay \$50
<b><i>After copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum</i></b>	Network: 100% Out-of-network: Limited emergency/out-of-area care		
<b><i>Annual out-of-pocket maximum</i></b>	Network: \$1,000/ person or \$2,000/ family Out-of-network: Limited emergency/out-of-area care	Network: \$2,000/ person or \$4,000/ family Out-of-network: Limited emergency/out-of-area care	Network: \$3,000/ person or \$6,000/ family Out-of-network: Limited emergency/out-of-area care
<b><i>After you reach the annual out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level</i></b>	Network only: 100%		
<b><i>Lifetime maximum</i></b>	No limit		

Covered Expenses	Group Health Gold	Group Health Silver	Group Health Bronze
<b><i>Alternative care (including medically necessary acupuncture, massage therapy and naturopathy)</i></b>	Self-referrals to a network provider: \$20 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services All other alternative care requires PCP referral.	Self-referrals to a network provider: \$35 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services All other alternative care requires PCP referral.	Self-referrals to a network provider: \$50 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services All other alternative care requires PCP referral.
<b><i>Ambulance services</i></b>	80% (except hospital-to-hospital ground transfers, which are covered at 100% when initiated by Group Health)		
<b><i>Chemical dependency treatment (requires preauthorization)</i></b>	<i>For inpatient care:</i> 100% after \$200 copay/admission <i>For outpatient care:</i> 100% after \$20 copay/visit Up to \$14,500 in 24 consecutive months (maximum subject to annual adjustment)	<i>For inpatient care:</i> 100% after \$400 copay/admission <i>For outpatient care:</i> 100% after \$35 copay/visit Up to \$14,500 in 24 consecutive months (maximum subject to annual adjustment)	<i>For inpatient care:</i> 100% after \$600 copay/admission <i>For outpatient care:</i> 100% after \$50 copay/visit Up to \$14,500 in 24 consecutive months (maximum subject to annual adjustment)
<b><i>Chiropractic care and manipulative therapy (like all services, must be medically necessary)</i></b>	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
<b><i>Diabetes care training</i></b>	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit

Covered Expenses	Group Health Gold	Group Health Silver	Group Health Bronze
<i>Diabetes supplies (insulin, needles, syringes, lancets, etc.)</i>	Covered under prescription drugs	Covered under prescription drugs	Covered under prescription drugs
<i>Durable medical equipment, prosthetics and orthopedic appliances</i>	80% when preauthorized	50% when preauthorized	50% when preauthorized
<i>Emergency room care</i>	<p>Network: 100% after \$100 copay/visit (\$100 copay is waived, but \$200 copay/admission for hospital care applies if admitted)</p> <p>Out-of-network: 100% of reasonable and customary expenses after \$150 copay/visit (\$150 copay is waived but \$200 copay/admission for hospital care applies if admitted)</p> <p><b>Non-emergency care is not covered.</b></p>	<p>Network: 100% after \$100 copay/visit (\$100 copay is waived, but \$400 copay/admission for hospital care applies if admitted)</p> <p>Out-of-network: 100% of reasonable and customary expenses after \$150 copay/visit (\$150 copay is waived, but \$400 copay/admission for hospital care applies if admitted)</p> <p><b>Non-emergency care is not covered.</b></p>	<p>Network: 100% after \$100 copay/visit (\$100 copay is waived, but \$600 copay/admission for hospital care applies if admitted)</p> <p>Out-of-network: 100% of reasonable and customary expenses after \$150 copay/visit (\$150 copay is waived, but \$600 copay/admission for hospital care applies if admitted)</p> <p><b>Non-emergency care is not covered.</b></p>
<i>Family planning</i>	<p>100% after \$20 copay/visit</p> <p><b>Infertility treatment is not covered.</b></p>	<p>100% after \$35 copay/visit</p> <p><b>Infertility treatment is not covered.</b></p>	<p>100% after \$50 copay/visit</p> <p><b>Infertility treatment is not covered.</b></p>
<i>Growth hormones</i>	Covered under prescription drugs if medical coverage has been continuous for more than 12 months under this plan whether or not the growth disorder existed before plan coverage		
<i>Hearing aids</i>	100%, up to \$300/ear in 36 months		
<i>Home health care</i>	100%		
<i>Hospice care</i>	100% when preauthorized Certain limits apply; call plan for details.		
<i>Hospital care</i>	100% after \$200 copay/admission	100% after \$400 copay/admission	100% after \$600 copay/admission
<i>Inpatient care alternatives</i>	100% when preauthorized		
<i>Lab, X-ray and other diagnostic testing</i>	100%		
<i>Maternity care</i>	<p><i>For delivery and related hospital care:</i> 100% after \$200 copay/admission</p> <p><i>For prenatal and postpartum care:</i> 100% after \$20 copay/visit</p>	<p><i>For delivery and related hospital care:</i> 100% after \$400 copay/admission</p> <p><i>For prenatal and postpartum care:</i> 100% after \$35 copay/visit</p>	<p><i>For delivery and related hospital care:</i> 100% after \$800 copay/admission</p> <p><i>For prenatal and postpartum care:</i> 100% after \$50 copay/visit</p>
<i>Mental health care (when deemed appropriate, 2 unused outpatient visits may be traded for 1 inpatient day, or vice versa; requires preauthorization)</i>	<p><i>For inpatient care:</i> 100% after \$200 copay per admission, up to 12 days/year</p> <p><i>For outpatient care:</i> 100% after \$20 copay/individual, family, couple or group session, up to 20 visits/year</p>	<p><i>For inpatient care:</i> 100% after \$400 copay per admission, up to 12 days/year</p> <p><i>For outpatient care:</i> 100% after \$35 copay/individual, family, couple or group session, up to 20 visits/year</p>	<p><i>For inpatient care:</i> 100% after \$600 copay per admission, up to 12 days/year</p> <p><i>For outpatient care:</i> 100% after \$50 copay/individual, family, couple or group session, up to 20 visits/year</p>

Covered Expenses	Group Health Gold	Group Health Silver	Group Health Bronze
<b>Neurodevelopmental therapy for covered dependents age 6 and under</b>	<p><i>For inpatient care:</i> 100% after \$200 copay/admission, up to 60 days/year (combined with rehabilitative services)</p> <p><i>For outpatient care:</i> 100% after \$20 copay/visit, up to 60 visits/year (combined with rehabilitative services)</p>	<p><i>For inpatient care:</i> 100% after \$400 copay/admission, up to 60 days/year (combined with rehabilitative services)</p> <p><i>For outpatient care:</i> 100% after \$35 copay/visit, up to 60 visits/year (combined with rehabilitative services)</p>	<p><i>For inpatient care:</i> 100% after \$600 copay/admission, up to 60 days/year (combined with rehabilitative services)</p> <p><i>For outpatient care:</i> 100% after \$50 copay/visit, up to 60 visits/year (combined with rehabilitative services)</p>
<b>Out-of-area coverage—for example, while traveling or for your covered children away at school</b>	Reciprocal benefits are available through Kaiser Permanente and affiliated HMOs; otherwise, only emergency services are covered out of area.		
<b>Phenylketonuria (PKU) formula</b>	100%		
<b>Physician and other medical/surgical services</b>	<p><i>For inpatient care:</i> 100%</p> <p><i>For outpatient care:</i> 100% after \$20 copay/office visit</p>	<p><i>For inpatient care:</i> 100%</p> <p><i>For outpatient care:</i> 100% after \$35 copay/office visit</p>	<p><i>For inpatient care:</i> 100%</p> <p><i>For outpatient care:</i> 100% after \$50 copay/office visit</p>
<b>Prescription drugs—Up to a 30-day supply through network pharmacies</b>	<p>Generic: 100% after \$10 copay</p> <p>Preferred brand: 100% after \$20 copay</p> <p>Non-preferred brand: 100% after \$30 copay</p> <p>Growth hormones: 100%</p> <p>There's no reimbursement for prescriptions filled at out-of-network or out-of-area pharmacies.</p>		
<b>Prescription drug—Up to a 90-day supply through mail-order network only</b>	<p>Generic: 100% after \$20 copay</p> <p>Preferred brand: 100% after \$40 copay</p> <p>Non-preferred brand: 100% after \$60 copay</p>		
<b>Preventive care (well-child check-ups, immunizations, routine health and hearing exams. etc.)</b>	100% after \$20 copay/visit (according to well-child/adult preventive schedule)	100% after \$35 copay/visit (according to well-child/adult preventive schedule)	100% after \$50 copay/visit (according to well-child/adult preventive schedule)
<b>Radiation therapy, chemotherapy and respiratory therapy</b>	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
<b>Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.</b>	100% depending on services provided; copays may apply (including \$200 copay/admission if hospital care is required)	100% depending on services provided; copays may apply (including \$400 copay/admission if hospital care is required)	100% depending on services provided; copays may apply (including \$600 copay/admission if hospital care is required)

Covered Expenses	Group Health Gold	Group Health Silver	Group Health Bronze
<b>Rehabilitative services— Inpatient and outpatient</b>	<p><i>For inpatient care:</i> 100% after \$200 copay/admission, up to 60 days/calendar year (combined with neurodevelopmental therapy)</p> <p><i>For outpatient care:</i> 100% after \$20 copay/visit, up to 60 visits/calendar year (combined with neurodevelopmental therapy)</p>	<p><i>For inpatient care:</i> 100% after \$400 copay/admission, up to 60 days/calendar year (combined with neurodevelopmental therapy)</p> <p><i>For outpatient care:</i> 100% after \$35 copay/visit, up to 60 visits/calendar year (combined with neurodevelopmental therapy)</p>	<p><i>For inpatient care:</i> 100% after \$600 copay/admission, up to 60 days/calendar year (combined with neurodevelopmental therapy)</p> <p><i>For outpatient care:</i> 100% after \$50 copay/visit, up to 60 visits/calendar year (combined with neurodevelopmental therapy)</p>
<b>Skilled nursing facility</b>	100% up to 60 days/calendar year at a Group Health-approved nursing facility		
<b>Smoking cessation</b>	<p>100% for nicotine replacement therapy (including gum, patches or prescription medication) through the Group Health-designated tobacco cessation program, Free &amp; Clear® Quit for Life™ Program, when prescribed by Group Health PCP</p> <p>No annual or lifetime limit</p>		
<b>Temporomandibular joint (TMJ) disorders</b>	<p><i>For inpatient care:</i> 100% after \$200 copay/admission</p> <p><i>For outpatient care:</i> 100% after \$20 copay/visit</p> <p>Up to \$1,000/calendar year and a \$5,000 lifetime maximum</p>	<p><i>For inpatient care:</i> 100% after \$400 copay/admission</p> <p><i>For outpatient care:</i> 100% after \$35 copay/visit</p> <p>Up to \$1,000/calendar year and a \$5,000 lifetime maximum</p>	<p><i>For inpatient care:</i> 100% after \$600 copay/admission</p> <p><i>For outpatient care:</i> 100% after \$50 copay/visit</p> <p>Up to \$1,000/calendar year and a \$5,000 lifetime maximum</p>
<b>Transplants (certain services only)</b>	<p>100% after applicable copays</p> <p>Medical coverage must have been continuous for more than 12 months under this plan before a transplant will be covered.</p>		
<b>Urgent care (ear infections, high fevers, minor burns)</b>	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
<b>Vision exams</b>	100% after \$20 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)	100% after \$35 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)	100% after \$50 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)

## ► Monthly cost of medical

The following table shows the monthly premiums for the two medical plan options. 2009 and 2008 premiums are shown so you can see how premiums compare year to year.

Sp = Spouse      DP = Domestic Partner      Ch = Children

Monthly Premiums	You Only	You + Sp	You + Ch	You + Sp/DP + Ch
<b>KingCare<sup>SM</sup> Gold</b>				
2009 (\$301.56 paid by county)	\$ 340.44	\$ 923.91	\$ 647.12	\$ 1,230.59
2008 (\$284.48 paid by county)	\$ 274.28	\$ 775.71	\$ 538.42	\$ 1,039.39
<b>KingCare<sup>SM</sup> Silver</b>				
2009 (\$266.05 paid by county)	\$ 340.44	\$ 923.91	\$ 647.12	\$ 1,230.59
2008 (\$236.50 paid by county)	\$ 274.28	\$ 775.71	\$ 538.42	\$ 1,039.39
<b>KingCare<sup>SM</sup> Bronze</b>				
2009 (\$236.46 paid by county)	\$ 340.44	\$ 923.91	\$ 647.12	\$ 1,230.59
2008 (\$201.16 paid by county)	\$ 274.28	\$ 775.71	\$ 538.42	\$ 1,039.39
<b>Group Health Gold</b>				
2009 (\$300.24 paid by county)	\$ 73.31	\$ 439.87	\$ 366.56	\$ 733.12
2008 (\$281.49 paid by county)	\$ 68.77	\$ 413.14	\$ 345.34	\$ 686.59
<b>Group Health Silver</b>				
2009 (\$277.63 paid by county)	\$ 73.31	\$ 439.87	\$ 366.56	\$ 733.12
2008 (\$260.29 paid by county)	\$ 68.77	\$ 413.14	\$ 345.34	\$ 686.59
<b>Group Health Bronze</b>				
2009 (\$257.53 paid by county)	\$ 73.31	\$ 439.87	\$ 366.56	\$ 733.12
2008 (\$241.44 paid by county)	\$ 68.77	\$ 413.14	\$ 345.34	\$ 686.59

## ► Do you want dental coverage?

You must elect medical coverage for at least yourself to elect dental coverage for you and your eligible dependents. Dental coverage is provided by Washington Dental Service. You can use any dentist you want (most dentists in Washington participate in the WDS plan), but the benefits are generally higher (your out-of-pocket expenses are lower) and the dentist automatically files your claim if you see a WDS dentist.

WDS increases your payment levels through an incentive program as long as you see your dentist each year:

- For diagnostic and preventive services as well as basic services, the payment level starts at 70% and increases 10% in January of each year until you reach 100% (if you don't see a dentist during the calendar year, your payment level is reduced to the next lower payment level, but never below 70%)
- For major restorative services the payment level increases from 70% to 80%, then to 85%.

If you're a new county employee, coverage begins at the 70% incentive level; levels "earned" under another group plan don't apply to the county plan. However, incentive levels are adjusted based on previous participation in the county plan if you're a:

- Recalled or reinstated employee
- Rehired employee who's continued county coverage uninterrupted under COBRA between your previous county employment and rehire (if county coverage has been interrupted, new hire incentive levels apply).

Plan Feature	
<b>Annual deductible</b> (doesn't apply to diagnostic and preventive services, orthodontic services or accidental injuries)	\$25/person; \$75/family
<b>Annual maximum benefit</b> (doesn't apply to orthodontic or TMJ services)	\$2,000/person
Covered Expenses	Dental Plan Pays
<b>Diagnostic and preventive services</b> <ul style="list-style-type: none"> <li>• Exam and cleaning, twice/calendar year</li> <li>• Oral health assessment</li> <li>• Periodontal cleaning and maintenance up to 4 times/calendar year (under certain oral health conditions)</li> <li>• Complete X-rays every 3 years</li> <li>• Supplementary bitewing X-rays, twice/calendar year</li> </ul>	70%–100% based on patient's incentive level (deductible doesn't apply)
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Crowns (stainless steel)</li> <li>• Extractions</li> <li>• Fillings</li> <li>• Periodontics</li> <li>• Root canals</li> </ul>	70%–100% based on patient's incentive level
<b>Major services</b> <ul style="list-style-type: none"> <li>• Crowns (gold, porcelain)</li> <li>• Onlays</li> <li>• Periodontics—occlusal (night) guard</li> </ul>	70%–85% based on patient's incentive level 50% occlusal guard (incentive levels don't apply). Your medical plan may provide additional coverage.
<b>Major services—Prosthodontics</b> <ul style="list-style-type: none"> <li>• Dentures</li> <li>• Fixed bridges</li> <li>• Implants</li> </ul>	70% (incentive levels don't apply)
<b>Orthodontic services for adults and children</b>	50% up to a \$2,500 lifetime maximum (deductible, incentive levels and annual maximums don't apply)  Not more than \$1,250 will be paid during the initial stage of treatment; the remaining plan benefit is paid seven months after the initial stage if the covered participant still meets eligibility requirements.
<b>Temporomandibular joint (TMJ) disorders</b>	50% up to a \$500 lifetime maximum for non-surgical treatment and appliances (deductible, incentive levels and annual maximums don't apply). Your medical plan may provide additional coverage.
<b>Accidental injury</b>	100% for covered expenses incurred within 180 days of accident (deductible doesn't apply)



## ► Monthly cost of dental

The following table shows the monthly premiums for the WDS plan. 2009 and 2008 premiums are shown so you can see how premiums compare year to year.

Sp = Spouse      DP = Domestic Partner      Ch = Children

Monthly Premiums	You Only	You + Sp/DP	You + Ch	All
Washington Dental Service				
2009 (\$29.13 paid by county)	\$ 29.12	\$ 80.90	\$ 87.90	\$ 139.68
2008 (\$30.80 paid by county)	\$ 30.79	\$ 85.91	\$ 93.37	\$ 148.49

## ► Do you want vision coverage?

Vision coverage is provided by Vision Service Plan. You can use any eye care provider you want, but the benefits are generally higher (your out-of-pocket expenses are lower) and the provider automatically files your claim if you see a VSP provider. (Group Health provides routine vision exams under its medical plan, but none of the other vision benefits listed below; VSP providers may not accept a Group Health prescription for lenses.)

Vision Plan		
Covered Expenses	If you see a VSP provider, you pay a \$10 copay and the plan pays the amount listed below	If you see a non-VSP provider, you pay the bill in full and the plan reimburses you the amounts listed below, minus a \$10 copay
<i>Exam (once every 12 months)</i>	100%	Up to \$40
<i>Eyeglass lenses (one pair every 12 months)</i>		
• Single vision	100%	Up to \$40
• Lined bifocal	100%	Up to \$60
• Lined trifocal	100%	Up to \$80
• Progressive lenses	100%	Up to trifocal allowance of \$80
• Lenticular	100%	Up to \$125
• Polycarbonate lenses for children	100%	Not covered
• Anti-reflective coating	100%	Not covered
• Color/mirror coating	100%	Not covered
• Scratch coating	100%	Not covered
• Tints/photochromic lenses	100%	Up to \$5
• UV lenses	100%	Not covered
<i>Eyeglass frames (once every 24 months)</i>	Up to \$130; if you choose a frame that costs more than the VSP allowable amount, you'll receive 20% off your out-of-pocket cost	Up to \$45

Vision Plan		
<i>Contact lenses (once every 12 months in place of eyeglass lenses and frames)</i>		
<ul style="list-style-type: none"> <li>Elective (Providers may bill you for contact lenses separately or they may include the lenses, fittings and follow-up fees in a single bill; all contact lens fees apply to the \$105 maximum paid by the plan)</li> </ul>	Up to \$105	Up to \$105
<ul style="list-style-type: none"> <li>Medically necessary</li> </ul>	100% (Preauthorization required)	Up to \$210 (Preauthorization required)
<ul style="list-style-type: none"> <li>Low-vision benefit</li> </ul>	75% up to \$1,000 (Preauthorization required)	75% up to \$1,000 (Preauthorization required)

### ► Monthly cost of vision

The following table shows the monthly premiums for the VSP plan. 2009 and 2008 premiums are shown so you can see how premiums compare year to year.

Sp = Spouse      DP = Domestic Partner      Ch = Children

Monthly Premiums	You Only	You + Sp/DP	You + Ch	All
Vision Service Plan				
2009 (\$5.22 paid by county)	\$ 5.22	\$ 14.16	\$ 13.18	\$ 22.12
2008 (\$6.53 paid by county)	\$ 6.52	\$ 18.07	\$ 16.80	\$ 28.35

### ► Who are the eligible dependents you want to cover?

List the dependents you want to cover under your benefit plans on the Dependent Enrollment Form (page 31). Parents and other relatives who aren't members of your immediate family aren't eligible for coverage, but the following dependents are (if you enroll them):

- Your spouse/domestic partner (attach a copy of your marriage certificate or complete and return the Affidavit of Marriage/Domestic Partnership, page 33)
- Your unmarried children or your spouse/domestic partner's unmarried children if they are under age 25 and chiefly dependent on you for support and maintenance, and you may claim them on your federal tax return (when you add an unmarried dependent child who is 23 or 24 years old, you pay the premium for the coverage). They may be your:
  - Biological children
  - Adopted children (or children legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption)
  - Stepchildren
  - Legally designated wards (legally placed foster children, children placed with you as legal guardian or children named in a Qualified Medical Child Support Order; attach appropriate documentation).

If you don't add eligible dependents now, you must wait until the next open enrollment to add them, except for certain qualifying life events such as:

- Birth or placement for adoption of a child
- Placement of a legal ward
- Marriage/establishment of a domestic partnership
- A Qualified Medical Child Support Order
- A significant change in your spouse/domestic partner's employer-sponsored coverage.

In general, when a qualifying life event occurs, you must submit Add Dependent and Life/AD&D Change forms to Benefits and Retirement Operations within 30 days of the event (see "What Happens If . . ." in *Your King County Benefits*).

### ► Tax implications for domestic partner health coverage

There is no cost to cover family members, but when you cover a domestic partner (DP) and his/her children for health benefits (medical, dental, vision) the IRS taxes you on the value of the coverage. This value is added to the salary shown on your paycheck (and W-2 at the end of the year), federal income and Social Security (FICA) taxes are withheld on the higher salary amount, then the value is subtracted from your salary.

If you want to add a domestic partner and his/her children for only supplemental life/AD&D insurance (and not health benefits), check the "Add this family member for supplemental life/AD&D only" box on your Family Member Enrollment Form.

Taxable values for the different combinations of health plans are shown below.

Monthly Taxable Value of Health Plans	DP Only		DP's Children		DP + DP's Children	
	2009	2008	2009	2008	2009	2008
KingCare <sup>SM</sup> Gold + Dental + Vision	\$ 8.31	\$ 9.27	\$ 4.37	\$ 4.29	\$ 12.68	\$ 14.02
KingCare <sup>SM</sup> Silver + Dental + Vision	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
KingCare <sup>SM</sup> Bronze + Dental + Vision	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Group Health Gold + Dental + Vision*	\$ 6.99	\$ 5.88	\$ 5.59	\$ 3.64	\$ 12.58	\$ 12.65
Group Health Silver + Dental + Vision	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Group Health Bronze + Dental + Vision	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Vision Only	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

### ► Do you want supplemental life insurance?

**Your basic life.** The county pays for \$25,000 basic life insurance for you in 2008 if you elect medical coverage for yourself. If you die for any reason, your beneficiaries receive \$25,000.

**Your supplemental life.** If you elect medical coverage, you may purchase supplemental life insurance for yourself in \$25,000, \$50,000, \$75,000 or \$100,000 amounts when you first enroll in the Partial Benefits Plan or within 30 days of a qualifying life event:

- You marry or establish a domestic partnership
- Your child first becomes eligible for coverage under your county benefit plans
- Your spouse/domestic partner or child loses county or other employer-provided life insurance.

If you die, your beneficiaries receive your supplemental life in addition to your \$25,000 basic life insurance.

**Spouse/domestic partner supplemental life.** If you elect supplemental life insurance for yourself, you may cover your spouse/domestic partner at 50% of your supplemental amount when you first enroll in the Partial Benefits Plan or within 30 days of a qualifying life event:

- You marry or establish a domestic partnership
- Your spouse/domestic partner loses county or other employer-provided life insurance.

If your spouse/domestic partner dies, you are the beneficiary.

**Children supplemental life.** If you elect supplemental life insurance for yourself, you may cover each of your children 14 days or older for \$10,000 each when you first enroll in the Partial Benefits Plan or within 30 days of a qualifying life event:

- Your child first becomes eligible for coverage under your county benefit plans
- Your child loses county or other employer-provided life insurance.

If your child dies, you are the beneficiary.

**More about supplemental life, including cost.** Life insurance is provided through Aetna and is portable. If you leave employment with the county (but not if you leave employment due to disability), you may continue to pay Aetna directly for the basic and supplemental coverage you had on your last day of employment until you reach age 99. If you continue the coverage for yourself, you may continue the supplemental coverage you had for your spouse/domestic partner until he/she is 99 up to \$100,000 and your dependent children until they're 19 (25 if solely dependent on you for support) up to \$5,000. The age-specific rates you pay for the continued coverage may be different from the rates paid by active employees.

The monthly cost of supplemental life insurance for you and your spouse/domestic partner is based on your age; cost for all children is \$.82, regardless of the number of children covered.

The following table shows the cost of supplemental life per \$25,000 for different age groups. A worksheet is included so you can calculate your total monthly cost.

Your Age	Cost of Supplemental Life/\$25,000
Under 25	\$ .85
25-29	\$ 1.03
30-34	\$ 1.38
35-39	\$ 1.38
40-44	\$ 1.75
45-49	\$ 2.78
50-54	\$ 4.15
55-59	\$ 7.40
60-64	\$ 11.38
65-69	\$ 19.53
70+	\$ 31.68

To calculate your total monthly cost for supplemental life ...

Enter cost/\$25,000 for your age here 1. \$ \_\_\_\_\_

If you have \$25,000 for yourself, enter 1 here  
 If you have \$50,000 for yourself, enter 2 here  
 If you have \$75,000 for yourself, enter 3 here  
 If you have \$100,000 for yourself, enter 4 here 2. \_\_\_\_\_

Multiply line 1 by line 2 and enter the answer here 3. \$ \_\_\_\_\_

If you elect supplemental life for your spouse/DP enter .5 here;  
 if not, enter 0 4. \$ \_\_\_\_\_

Multiply line 3 by line 4 and enter the cost of supplemental life for your spouse/DP here 5. \$ \_\_\_\_\_

If you elect supplemental life for children enter \$.82 here; if not, enter 0 6. \$ \_\_\_\_\_

Add lines 3, 5 and 6 for your total monthly cost here → \$ \_\_\_\_\_

## ► Do you want supplemental AD&D insurance?

**Your basic AD&D.** The county pays for \$25,000 basic accidental death and dismemberment (AD&D) insurance for you in 2008 if you elect medical coverage for yourself. If you die in a covered accident, your beneficiaries receive \$25,000 (in addition to your basic life insurance benefit). For dismemberment, paralysis and other covered losses, you receive an amount determined by the type of loss.

**Your supplemental AD&D.** If you elect medical coverage, you may purchase supplemental AD&D insurance for yourself from \$50,000 to \$500,000, in \$50,000 increments, when you first enroll in the Partial Benefits Plan or during open enrollment. If you die, your beneficiaries receive your supplemental AD&D in addition to your \$25,000 basic AD&D insurance.

**Spouse/domestic partner supplemental AD&D.** If you elect supplemental AD&D insurance for yourself, you may cover your spouse/domestic partner at 50% or 100% of your supplemental amount when you first enroll in the Partial Benefits Plan, during open enrollment or within 30 days of a qualifying life event:

- You marry or establish a domestic partnership
- Your spouse/domestic partner loses county or other employer-provided AD&D insurance.

If your spouse/domestic partner dies or is dismembered in a covered accident, you are the beneficiary.

**Children supplemental AD&D.** If you elect supplemental AD&D insurance for yourself, you may cover each of your children for 10% of your supplemental amount when you first enroll in the Partial Benefits Plan, during open enrollment or within 30 days of a qualifying life event:

- Your child first becomes eligible for coverage under your county benefit plans
- Your child loses county or other employer-provided AD&D insurance.

If your child dies or is dismembered in a covered accident, you are the beneficiary.

**Cost of supplemental AD&D.** AD&D insurance is provided through CIGNA. Add across each row for those you cover to determine your total monthly cost.

If you elect this supplemental amount ...	Cost for You	Cost to Cover Your Spouse/DP at 50% of Your Amount	Cost to Cover Your Spouse/DP at 100% of Your Amount	Cost to Cover All Your Children at 10% of Your Amount
\$ 50,000	\$ .85	\$ .43	\$ .85	\$ .25
\$ 100,000	\$ 1.70	\$ .85	\$ 1.70	\$ .50
\$ 150,000	\$ 2.55	\$ 1.28	\$ 2.55	\$ .75
\$ 200,000	\$ 3.40	\$ 1.70	\$ 3.40	\$ 1.00
\$ 250,000	\$ 4.25	\$ 2.13	\$ 4.25	\$ 1.25
\$ 300,000	\$ 5.10	\$ 2.55	\$ 5.10	\$ 1.50
\$ 350,000	\$ 5.95	\$ 2.98	\$ 5.95	\$ 1.75
\$ 400,000	\$ 6.80	\$ 3.40	\$ 6.80	\$ 2.00
\$ 450,000	\$ 7.65	\$ 3.83	\$ 7.65	\$ 2.25
\$ 500,000	\$ 8.50	\$ 4.25	\$ 8.50	\$ 2.50

### ► **Do you want supplemental LTD insurance?**

The county pays for basic long-term disability insurance for you if you elect medical coverage for yourself. If you become disabled, are unable to work and apply for LTD, this benefit combines with other sources of disability income to replace 60% of your monthly predisability earnings to a maximum benefit of \$6,000 a month after a 180-day waiting period.

You may purchase supplemental LTD only when you first enroll in the Partial Benefits Plan. Supplemental LTD increases the maximum benefit to \$7,200 a month and reduces the waiting period to 90 days.

The cost for supplemental LTD is \$3.96 a month.

### ► **Who are your insurance beneficiaries?**

If you elect medical coverage and receive basic life, basic AD&D and basic LTD insurance and elect supplemental life, supplemental AD&D and supplemental LTD, you need to designate beneficiaries – the people you want to receive the insurance benefits in the event of your death. Complete the Aetna Life Insurance Beneficiary Designation Form (page 35) and the CIGNA Beneficiary Designation Form (page 37), return each form to the company's address on the form and keep a copy of the forms for your records.

Provide complete information to help us find your beneficiaries if you die. You may list only the last four digits of beneficiaries' Social Security numbers if you choose, but complete Social Security numbers facilitate benefit payment.

The forms allow you to designate primary and contingent beneficiaries. If your primary beneficiaries aren't alive at the time of your death, contingent beneficiaries receive your benefit. If you name multiple beneficiaries (primary or contingent), assign the share each beneficiary receives. Shares for all primary beneficiaries need to total 100% and shares for all contingent beneficiaries need to total 100%.

For example, you might name your spouse as primary and your two children as contingents. You'd assign your spouse 100% of your insurance benefit and could assign each child 50% of the benefit or one child 60% and the other 40% – whatever combination of shares totals 100%. If your spouse isn't alive to receive the benefit in the event of your death, your contingent children receive it according to the shares you assign. (If you're married and don't list your spouse as primary with at least 50% of your benefit, your spouse should sign the spouse waiver section of the form.)

If you don't designate beneficiaries and die, the State of Washington determines beneficiaries for you:

- For life and AD&D insurance, benefits are paid to your spouse, your children, your parents or your siblings, in that order. If none of them survives you, benefits are paid to your estate.
- For long-term disability (there's a death benefit if you die while on long-term disability), the survivor benefit is paid to your spouse or eligible children, in that order. If none of them survives you, benefits are paid to your estate.

### ► **Do you want your premiums deducted before or after taxes are withheld?**

If you elect Partial Benefits Plan coverage, you pay premiums through payroll deduction. The monthly cost of your coverage is divided in half and deducted from your two regular monthly paychecks (when there are three paychecks in a month, no deductions are taken from the last one).

The premiums for supplemental life, supplemental AD&D and supplemental LTD insurance (if you elect it) are deducted after federal income and Social Security taxes are withheld, but you may have premiums for health coverage (medical, dental and vision) deducted before-tax or after-tax.

If you have health coverage premiums deducted before-tax, this reduces your taxes, but IRS restrictions apply:

- Any portion of the premiums you pay to provide health coverage to a domestic partner or domestic partner's children is deducted after-tax
- You may not discontinue any health coverage until the next open enrollment unless a qualifying life event occurs:
  - Death of a family member
  - Divorce or dissolution of a domestic partnership
  - Child's loss of eligibility
  - Significant change in your spouse/domestic partner's coverage due to his/her employment
- You must re-enroll for the before-tax premium payment plan every year during open enrollment or you default to the after-tax plan.

If you have health coverage premiums deducted after-tax, you do not reduce your taxes, but may drop the coverage for yourself or a dependent anytime.

### ► **Do you want to participate in a Flexible Spending Account?**

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA you don't pay federal or Social Security (FICA) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

- Health Care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your medical, dental and vision plans (for example, copays for office visits and the cost of orthodontia not fully paid by your dental plan).
- Dependent Care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

Please refer to "Flexible Spending Accounts" in *Your King County Benefits* for more details. If you decide to participate in an FSA, get an FSA Enrollment Form at [www.kingcounty.gov/employees/benefits](http://www.kingcounty.gov/employees/benefits) or from Benefits and Retirement Operations and submit it ***within 30 days of when your other benefits begin.*** Otherwise, you must wait for a qualifying life event or the next open enrollment.

## If You Leave Employment

If you leave employment, you may self-pay to continue county-paid coverage, but you pay the full monthly premiums without county contributions. Details are provided in *Your King County Benefits* and the county's Exit Guide available at [www.kingcounty.gov/employees/benefits](http://www.kingcounty.gov/employees/benefits). Your monthly self-pay rates for health coverage are based on what the county pays to provide the same coverage to you as an active employee. Here, for reference, are the monthly self-pay rates for 2009 and 2008.

Medical Plan	You	Spouse/Domestic Partner	Dependent Child(ren)
KingCare <sup>SM</sup> Gold	2009 ► \$ 654.84	2009 ► \$ 603.62	2009 ► \$ 317.27
	2008 ► \$ 569.94	2008 ► \$ 520.91	2008 ► \$ 273.80
KingCare <sup>SM</sup> Silver	2009 ► \$ 618.62	2009 ► \$ 567.41	2009 ► \$ 298.24
	2008 ► \$ 521.00	2008 ► \$ 471.97	2008 ► \$ 248.07
KingCare <sup>SM</sup> Bronze	2009 ► \$ 588.44	2009 ► \$ 537.22	2009 ► \$ 282.38
	2008 ► \$ 484.95	2008 ► \$ 435.93	2008 ► \$ 229.13
Group Health Gold	2009 ► \$ 381.02	2009 ► \$ 381.02	2009 ► \$ 304.82
	2008 ► \$ 357.27	2008 ► \$ 357.27	2008 ► \$ 285.81
Group Health Silver	2009 ► \$ 357.96	2009 ► \$ 357.96	2009 ► \$ 286.38
	2008 ► \$ 335.64	2008 ► \$ 335.64	2008 ► \$ 268.53
Group Health Bronze	2009 ► \$ 337.46	2009 ► \$ 337.46	2009 ► \$ 269.85
	2008 ► \$ 316.41	2008 ► \$ 316.41	2008 ► \$ 253.03

## HIPAA Notice of Privacy Practices

This section of your guide describes how medical information about you may be used and disclosed by King County and how you can get access to this information. Please review all information carefully and, if you have any questions, contact Benefits and Retirement Operations.

### ► Our Obligations

We treat all personal information you provide us to administer your health benefits as confidential and, under the Health Insurance Portability and Accountability Act (HIPAA), we must:

- Maintain the privacy of any protected health information (personally identifiable medical information) you provide us when you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim
- Provide you with this notice advising you how we handle your protected health information and informing you of our legal obligations and your rights regarding the information
- Follow the terms of this notice effective April 14, 2003.

### ► How We May Use and Disclose Protected Health Information

When you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim, you provide us with confidential information such as your name and Social Security number. Sometimes, when you ask for our assistance with a claim, you may also provide us with details about the health treatments you've received and payments for services you've made. This information



becomes “protected health information” when used and disclosed in the course of managing our health care operations (administering your health benefits) and facilitating payment of health claims.

Pursuant to this notice, we may use and disclose this protected health information to:

- Our employees authorized to assist in the administration of county benefit plans
- Representatives of the plans or any third party administrators with whom we have agreements to provide your benefit services.

Additionally, we may use or disclose protected health information:

- When required by law (such as in response to a court or administrative order, subpoena, discovery request, etc.)
- For purposes of workers’ compensation or similar programs
- When necessary to prevent a serious threat to the health and safety of you or the public.

For all the reasons explained above, we may use and disclose your personal health information without your written authorization. In all other cases, your written authorization is required.

## ► **Your Rights**

For any protected health information provided to and maintained by us, you have the right to:

- Inspect and copy it
- Request amendments to it if it’s incorrect or incomplete (we may deny amendment requests for specific reasons; for example, we deny requests to amend information we didn’t create)
- Request to know to whom it’s been disclosed for disclosures made after April 14, 2003 (the effective date of this notice)
- Request restrictions on what is disclosed and to whom (we try to honor restriction requests, but are not required to do so)
- Request it be communicated to you in a certain way (for instance, that we only contact you by mail or at work; we try to honor these requests, but are not required to do so).

To exercise any of these rights, contact us in writing. Mail your request to Benefits and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333, or e-mail it to [kc.benefits@kingcounty.gov](mailto:kc.benefits@kingcounty.gov).

## ► **Changes to Our Privacy Practices**

We reserve the right to change our privacy practices and to apply the new practices to protected health information we already have, as well as to any information we receive in the future. We will notify you if we make changes and when the changes become effective.

## ► **Complaints**

If you believe your privacy rights have been violated, you may file a complaint in writing with Benefits and Retirement Operations or the Secretary of the U.S. Department of Health and Human Services. You won’t be penalized for filing a complaint.

To file a complaint with Benefits and Retirement Operations, mail it to The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333, or e-mail it to [kc.benefits@kingcounty.gov](mailto:kc.benefits@kingcounty.gov).

## Resource Directory

If no TTY phone number is listed, please call 711 to access the TTY Relay Service.

For Questions About ...	Contact ...
<b>AD&amp;D Insurance</b> <ul style="list-style-type: none"> <li>Conversion when you leave employment</li> <li>Secure travel benefits</li> <li>For claims, contact Benefits and Retirement Operations</li> </ul>	<b>CIGNA Group Insurance</b> CIGNA Customer Service Center, P.O. Box 20310, Lehigh Valley, PA 18002-0310 Phone 1-800-557-7975 (conversion) ■ 1-800-362-4462 (claims) <b>Worldwide Assistance Services Inc. (secure travel benefits)</b> Phone 1-888-226-4567 (US/Canada) ■ 1-800-336-2485 (TTY) Fax 202-331-1528 E-mail <a href="mailto:cigna@worldwideassistance.com">cigna@worldwideassistance.com</a>
<b>Benefits – General</b> <ul style="list-style-type: none"> <li>Eligibility</li> <li>Open enrollment and making changes</li> <li>Flexible spending account enrollment</li> <li>Life, AD&amp;D and LTD insurance plan details</li> <li>Alternate formats</li> </ul>	<b>Benefits and Retirement Operations</b> The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333 Phone 206-684-1556 ■ 1-800-325-6165 x41556 (outside local calling area) Fax 206-296-7700 E-mail <a href="mailto:kc.benefits@kingcounty.gov">kc.benefits@kingcounty.gov</a> Web <a href="http://www.kingcounty.gov/employees/benefits">www.kingcounty.gov/employees/benefits</a>
<b>Dental</b> <ul style="list-style-type: none"> <li>Providers</li> <li>Claims and appeals</li> <li>Other plan details</li> </ul>	<b>Washington Dental Service (WDS)</b> PO Box 75983, Seattle WA 98175-0983 Phone 1-866-229-4102 E-mail <a href="mailto:cservice@deltadentalwa.com">cservice@deltadentalwa.com</a> Web <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>
<b>Flexible Spending Accounts (FSAs)</b> <ul style="list-style-type: none"> <li>Account balances</li> <li>Reimbursement</li> <li>Other plan details</li> </ul>	<b>FBMC</b> PO Box 1878, Tallahassee, FL 32302-1878 Phone 1-866-879-8689 (Monday-Friday, 4 a.m.-7 p.m. Pacific) Fax 1-866-440-7148 Web <a href="http://www.myFBMC.com">www.myFBMC.com</a>
<b>Life Insurance</b> <ul style="list-style-type: none"> <li>Conversion or portability option when you leave employment</li> <li>Evidence of Insurability (EOI)</li> <li>For claims, contact Benefits and Retirement Operations</li> </ul>	<b>Aetna Life Insurance Company</b> PO Box 14547, Lexington, KY 40512-4547 Phone 1-800-826-7448 (conversion/portability) ■ 1-800-523-5065 (claims/EOI) Customer service phone 1-800-584-2983 ■ 1-800-803-5934 (fax)
<b>LTD Insurance</b> <ul style="list-style-type: none"> <li>Conversion option when you leave employment</li> <li>Claims and appeals</li> </ul>	<b>CIGNA Group Insurance</b> CIGNA Customer Service Center, PO Box 20310, Lehigh Valley, PA 18002-0310 Phone 1-800-557-7975, ext. 7424 (conversion/portability) 1-800-362-4462 (claims) ■ 1-800-336-2485 (claims TTY) Web <a href="https://dmswebintake.group.cigna.com">https://dmswebintake.group.cigna.com</a>
<b>Medical – General</b> <ul style="list-style-type: none"> <li>Providers (doctors, hospitals, etc.)</li> <li>Claims and appeals</li> <li>Identification cards</li> <li>Preauthorization</li> <li>Other plan details (covered expenses, limitations, exclusions)</li> </ul>	<b>KingCare<sup>SM</sup> – Aetna, Inc.</b> PO Box 14079, Lexington KY 40512-4079 Phone 1-800-654-3250 (medical) ■ 1-888-632-3862 (medical preauthorization) E-mail <a href="mailto:kingcare@aetna.com">kingcare@aetna.com</a> Web <a href="http://www.kingcare.com">www.kingcare.com</a> <b>Medical Claims – Aetna Inc.</b> PO Box 14079, Lexington KY 40512-4079 <b>Group Health Cooperative</b> PO Box 34585, Seattle WA 98124-1585 Phone 1-888-901-4636 E-mail <a href="mailto:info@ghc.org">info@ghc.org</a> Web <a href="http://www.ghc.org">www.ghc.org</a>

For Questions About ...	Contact ...
<b>Medical – Prescriptions</b> <ul style="list-style-type: none"> <li>▪ Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand)</li> <li>▪ Pharmacies</li> <li>▪ Mail order service</li> <li>▪ Filing claims and appeals</li> <li>▪ Identification cards (KingCare<sup>SM</sup> members only; Group Health members use medical plan card for prescriptions)</li> </ul>	<b>KingCare<sup>SM</sup> – Express Scripts, Inc.</b> Member Reimbursements, PO Box 66583, St. Louis, MO 63166 Phone 1-800-332-2213 ▪ 1-800-899-2114 (TTY) Web <a href="http://www.express-scripts.com">www.express-scripts.com</a> <b>Group Health Cooperative</b> (for mail-order prescriptions) Phone 1-800-245-7979 Web <a href="http://www.MyGroupHealth.com">www.MyGroupHealth.com</a>
<b>Vision</b> <ul style="list-style-type: none"> <li>▪ Providers</li> <li>▪ Claims and appeals</li> <li>▪ Other plan details</li> </ul>	<b>Vision Service Plan</b> PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195 ▪ 1-800-428-4833 (TTY) Web <a href="http://www.vsp.com">www.vsp.com</a>





**King County**

Benefits and Retirement  
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# PT 587 Partial Benefits Plan Enrollment Form

Check one box for each benefit listed. Return ***within 30 days of your hire date*** to Benefits and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333. Complete the Dependent Enrollment Form (page 31) to list eligible dependents you want to cover.

Last name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Gender ☐ M ☐ F

PeopleSoft Employee ID \_\_\_\_\_ Birth date \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Mailing address \_\_\_\_\_ Apt No \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Home e-mail \_\_\_\_\_

Transit base \_\_\_\_\_ Start date \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

PeopleSoft payroll ID No \_\_\_\_\_

King County employment ☐ Never worked for the county ☐ Worked for the county, ending employment (date) \_\_\_\_\_

Washington State Retirement System ☐ Never enrolled ☐ Previously enrolled and retired from (plan and date) \_\_\_\_\_  
☐ Previously enrolled in (plan) \_\_\_\_\_

## **Medical** (you must elect medical to have any dental, life, AD&D or LTD coverage)

<input type="checkbox"/> I decline medical coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect KingCare <sup>SM</sup> for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I elect Group Health for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **Dental** (you must elect medical to have any dental coverage for yourself and family members)

<input type="checkbox"/> I decline dental coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect Washington Dental Service for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **Vision** (you may elect vision coverage without electing medical)

<input type="checkbox"/> I decline vision coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect Vision Service Plan for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **Life insurance** (you must elect medical to have basic life coverage and to elect supplemental life)

<input type="checkbox"/> I decline supplemental life					
I elect supplemental life for myself	<input type="checkbox"/> \$0	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000
I elect supplemental life for Sp/DP	<input type="checkbox"/> \$0	<input type="checkbox"/> 50% of your supplemental amount			
I elect supplemental life for children	<input type="checkbox"/> \$0	<input type="checkbox"/> \$10,000			

## **AD&D insurance** (you must elect medical to have basic AD&D and to elect supplemental AD&D)

<input type="checkbox"/> I decline supplemental AD&D						
I elect supplemental AD&D for myself	<input type="checkbox"/> \$0	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000
	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$350,000	<input type="checkbox"/> \$400,000	<input type="checkbox"/> \$450,000	<input type="checkbox"/> \$500,000	
I elect supplemental AD&D for Sp/DP	<input type="checkbox"/> \$0	<input type="checkbox"/> 50% of your supplemental amount		<input type="checkbox"/> 100% of your supplemental amount		
I elect supplemental AD&D for children	<input type="checkbox"/> \$0	<input type="checkbox"/> 10% of your supplemental amount				

## **LTD insurance** (you must elect medical to have basic LTD and to elect supplemental LTD)

☐ I decline supplemental LTD (keep basic only – 180-day wait)

☐ I elect supplemental LTD (90-day wait)

**(over for more benefit elections)**

**Premium payment plan**

- ☐ Before-Tax. Deduct my Partial Benefits Plan premiums for health coverage from my regular paycheck before taxes have been deducted. I understand that by choosing this option I may not drop any coverage until the next open enrollment except when certain qualifying changes in family status occur, and any portion of the premiums I pay to cover a domestic partner or domestic partner's children generally must be deducted after taxes, per IRS regulations.
- ☐ After-Tax. Deduct my Partial Benefits Plan premiums from my regular paycheck after taxes have been deducted.

**Authorize your benefit elections**

*This form supersedes all previously submitted forms. I've read and understand it and the additional materials describing my benefits. The information I've provided is true, correct and complete. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.*

Employee signature \_\_\_\_\_ Date signed \_\_\_\_\_

Office Use Only	Received	Reviewed	Data Entered	Audited	Effective
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# Dependent Enrollment Form



**King County**

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List eligible dependents (as described on page 18) you want to cover and provide all information for each dependent. Please print. Copy and attach additional forms if needed. If you're adding an unmarried dependent child who is 23 or 24 years old, you pay the premium for the coverage. If you're covering a spouse/domestic partner, complete the Affidavit of Marriage/Domestic Partnership (page 33).

☐ Check this box if your spouse/domestic partner is also a King County employee.

1.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
2.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
3.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
4.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
5.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
6.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
7.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
8.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____
9.	Name _____	Relationship _____
	Soc Sec No _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____

## Authorize your family member enrollment

*I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.*

Employee signature \_\_\_\_\_ Date signed \_\_\_\_\_  
Printed name \_\_\_\_\_ Contact phone (\_\_\_\_\_) \_\_\_\_\_  
PeopleSoft Employee ID \_\_\_\_\_





# Affidavit of Marriage/ Domestic Partnership



**King County**  
Benefits and Retirement  
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## Check all boxes that apply

- ☐ Add my spouse/domestic partner (DP) for benefit coverage.
- ☐ This form documents my marriage/domestic partnership, but don't add my spouse/domestic partner for coverage at this time.
- ☐ My spouse/DP is also a King County employee.

## Check one box and provide the date

- ☐ I (employee) certify my spouse (named below) and I legally married (date) \_\_\_\_\_.
- ☐ I (employee) certify my domestic partner (named below) and I began our domestic partnership (date) \_\_\_\_\_ and we:
  - Share the same regular and permanent residence
  - Have a close personal relationship
  - Are jointly responsible for *basic living expenses*\*
  - Aren't married to anyone
  - Are both 18 years of age or older
  - Aren't related by blood closer than would bar marriage in the State of Washington
  - Were mentally competent to consent to contract when our domestic partnership began, and
  - Are each other's sole domestic partners and are responsible for each other's common welfare.

\* "Basic living expenses" means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.

## Confirm you understand this affidavit and have provided accurate information

*I (employee) understand this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit. I agree to notify Benefits and Retirement Operations or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 30 days of such change by filing a Delete Family Member form. I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.*

*We (employee and spouse/domestic partner) understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.*

Employee signature \_\_\_\_\_ Date signed \_\_\_\_\_

Printed name \_\_\_\_\_ Contact phone (\_\_\_\_\_) \_\_\_\_\_

Paid ☐ 5<sup>th</sup> and 20<sup>th</sup> ea month ☐ Every other Thursday PeopleSoft Employee ID \_\_\_\_\_

Spouse/DP signature \_\_\_\_\_ Date signed \_\_\_\_\_

Printed name \_\_\_\_\_

